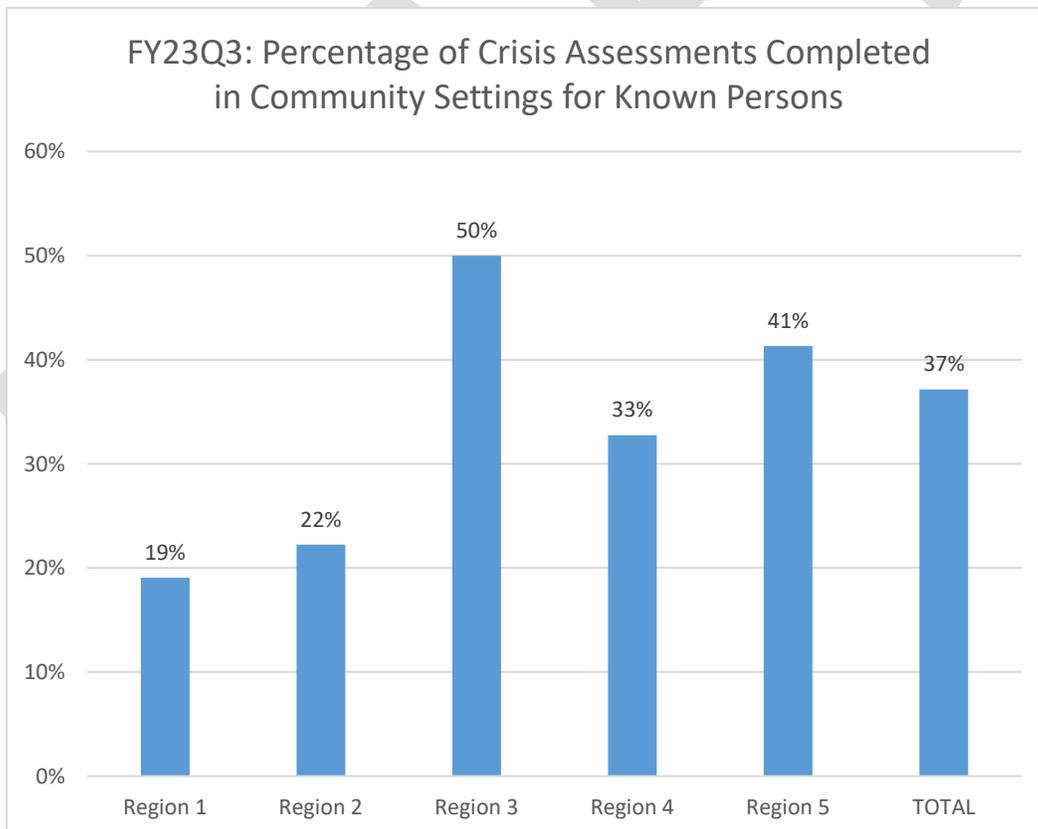


Supplemental Crisis Report: Quarter III-FY23

This report provides supplemental data to the quarterly Adult and Children’s REACH Data Summary Reports. The data contained in this report correspond to specific compliance indicators agreed upon between the Commonwealth of Virginia and the United States Department of Justice surrounding crisis services for persons with developmental disabilities in the Commonwealth. The first report of this nature was developed for data collected in and prior to the third quarter of fiscal year 2020 (FY20Q3).

REACH Crisis Assessments in Community Settings

The REACH programs provide crisis assessments to persons with DD that are experiencing a behavioral health crisis in various settings. The full array of REACH crisis assessments and their locations is available in both the quarterly Adult and Children’s REACH Data Summary Reports. The data provided below speak to the percentage of persons that are known to the system that receive REACH crisis assessments at home, the residential setting, or other community setting, in comparison to crisis assessments completed in emergency rooms/departments or CSB locations. It is most desirable that persons in crisis receive a crisis assessment in the location in which the crisis event occurs, as opposed to being removed from their community setting to be assessed in a different location.

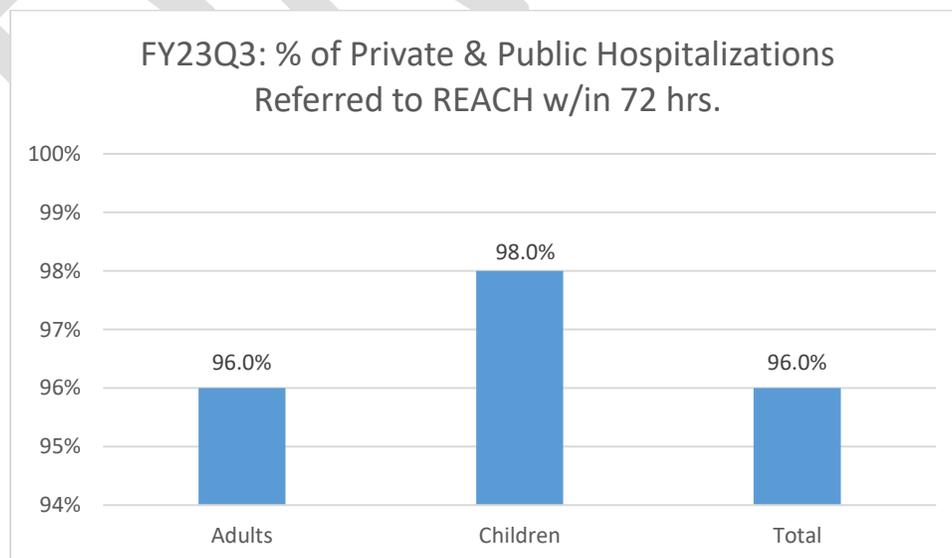


The graph above displays region by region, as well as all regions totaled, the percentage of adults and children combined that are known to the system that received REACH crisis assessments in the home, the residential setting, or other community setting (non-hospital/CSB location). A compliance indicator target has been set of **86% of children and adults who are known to the system will receive REACH crisis assessments at home, the residential setting, or other community setting (non-hospital/CSB location); filing reference 7.8**. As displayed above, 37% of persons received REACH crisis assessments in a community location in FY23Q3 as opposed to 49% in FY23Q2. This data indicates that the target has not been met for this indicator. These data should not be confused with the crisis assessment data included in the Adult and Children’s REACH Data Summary Reports, as those data include all persons receiving a crisis assessment as opposed to just persons known to the system in the previous graphical display.

Hospitalizations

The Commonwealth tracks admissions to state operated psychiatric hospitals, and REACH tracks those to private hospitals as it is made aware. Numerous facets of hospitalization data are analyzed, including but not limited to determining if timely referrals have been made to REACH and examining trends on numbers of persons hospitalized and their associated lengths of stay.

It is critical that persons with a DD diagnosis admitted to psychiatric hospitals are referred promptly to the REACH program. The REACH program can assist hospitals in discharge planning and in offering needed services in the community, such as mobile supports or providing a step-down admission to a crisis therapeutic home. A related compliance indicator is as follows: **95% of children and adults admitted to state-operated and private psychiatric hospitals who are known to the CSB will be referred promptly (within 72 hours of admission) to REACH; filing reference 7.13**. As displayed below, approximately 96% of known adults and approximately 98% of known children that were hospitalized during the quarter were referred to REACH within the required 72-hour timeframe. With both populations combined, the percentage is approximately 96% of adults and children known to the CSB that were hospitalized were referred to REACH within 72 hours, which is meeting this compliance indicator for this quarter.

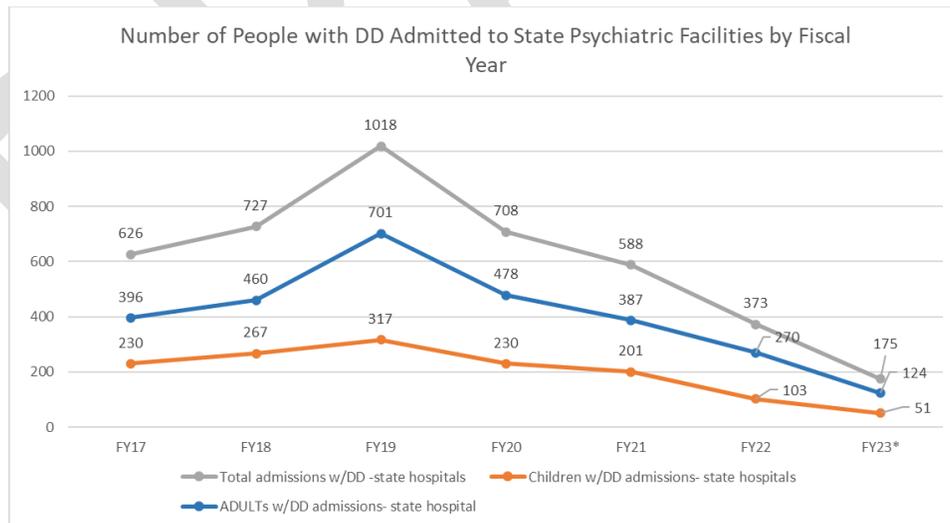


Data on hospitalizations of persons with a developmental disability are examined in several different ways. The Commonwealth has data on persons that are hospitalized in state operated psychiatric facilities such that trends on numbers, average and median length of stays, and percentage of the DD population hospitalized compared to all admissions can be reviewed. There are several compliance indicators surrounding tracking the number of admissions, trends, lengths of stay, and comparisons of DD admissions to admissions of the larger, non-DD population. A compliance indicator surrounding hospitalization data requires that **documentation indicates a decreasing trend in the total and percentage of total admissions as compared to population served and lengths of stay of individuals with DD who are admitted to state-operated and known by DBHDS to have been admitted to private psychiatric hospitals, filing reference 8.6.** An additional compliance indicator related to the following graphical displays in this “Hospitalizations” section of this report reads as follows (*filing reference 8.7*):

For individuals with DD who are admitted to state-operated psychiatric hospitals and those known by DBHDS to have been admitted to private psychiatric hospitals, DBHDS will track the lengths of stay in the following categories:

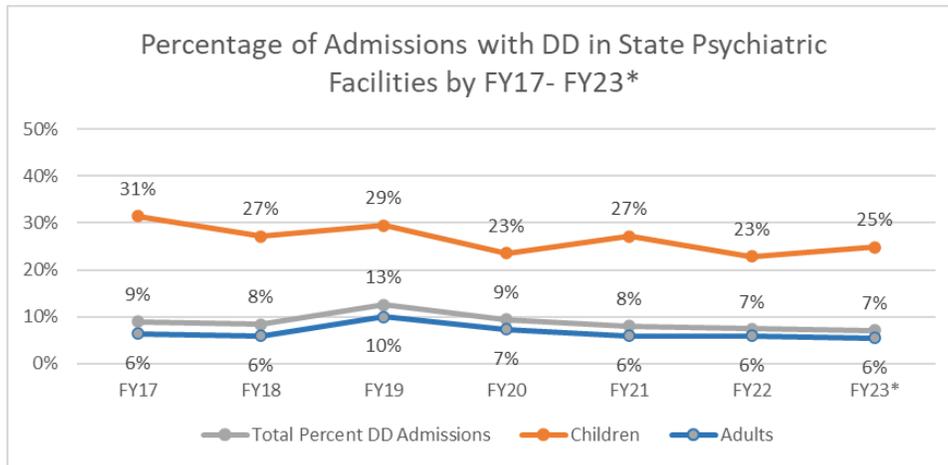
- those previously known to the REACH system and those previously unknown;
- admissions of adults and children with DD to psychiatric hospitals as a percentage of total admissions; and
- median lengths of stay of adults and children with DD in psychiatric hospitals.

Trend data by fiscal year on the number of admissions of persons with a developmental disability into a state hospital is available in the graphical display that follows. This is broken down into both age populations (adults and children) and displayed as a total below.



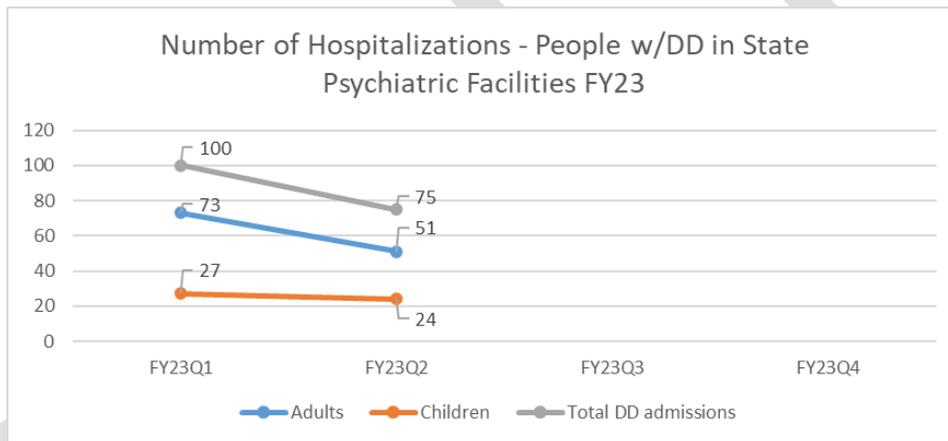
*FY23 reflects only Q1 and Q2

On the next page, these data are also displayed as a percentage of DD admissions to the entire sum of all individuals that were admitted to a state psychiatric facility in FY17 through the second quarter of FY23.

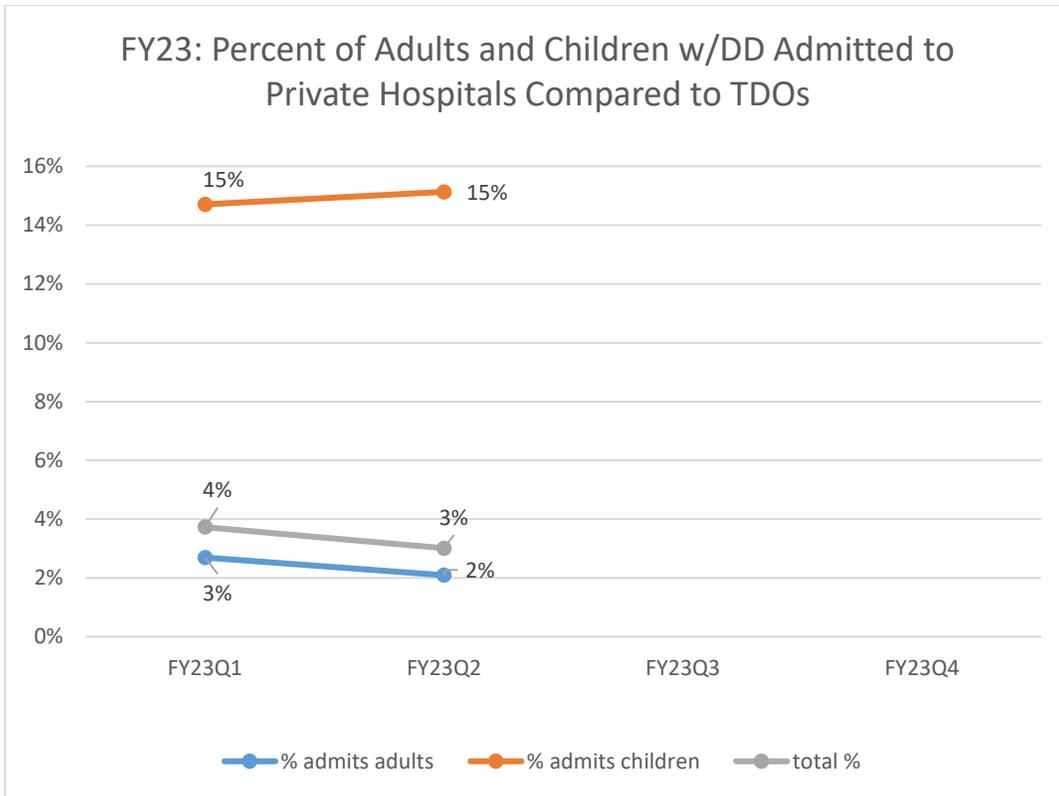


*FY23 reflects only quarters 1 and 2

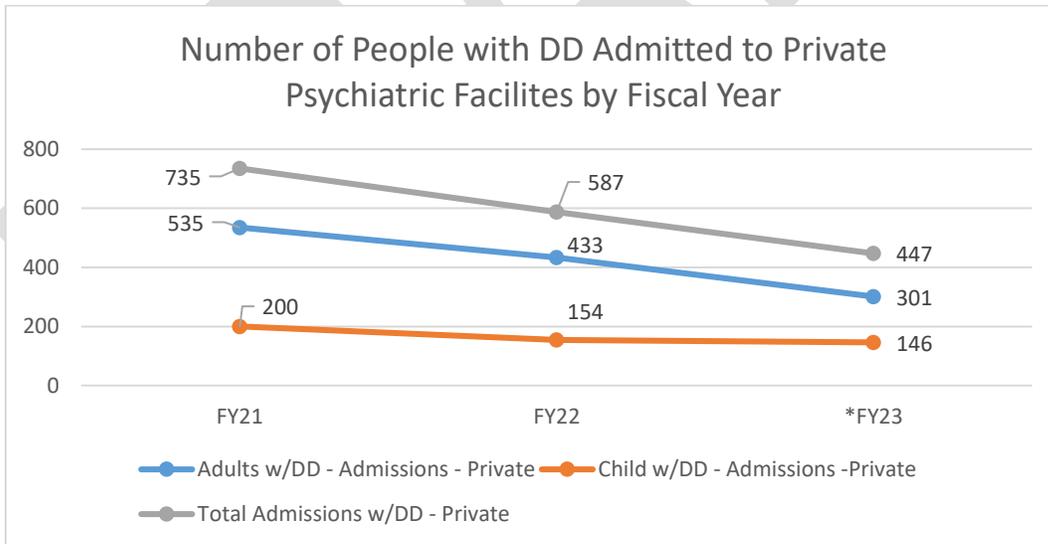
Trend data for quarters of the fiscal year 2023 is displayed on the graph below.



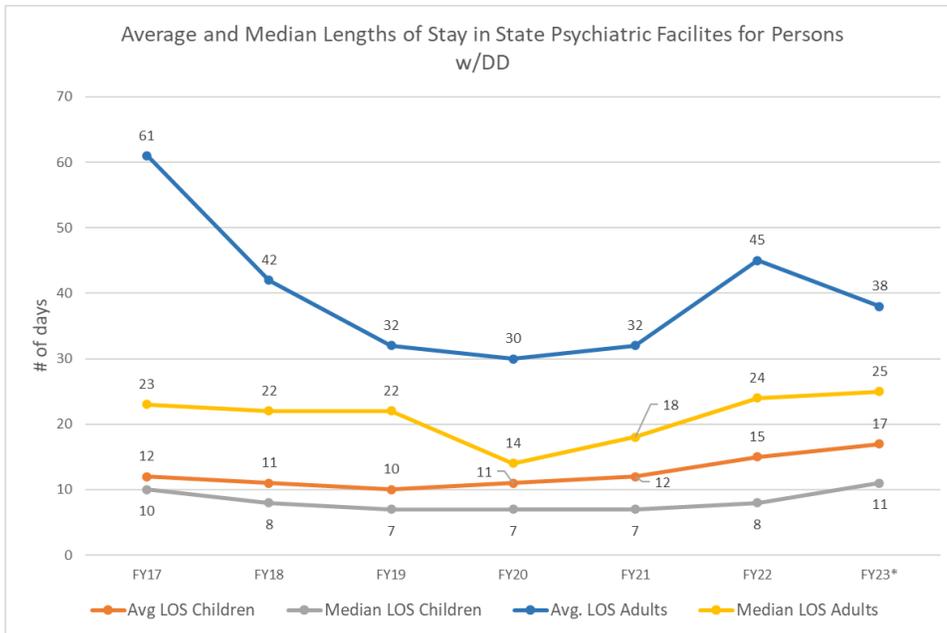
DBDHS is able to provide data on individuals with DD that become known to REACH either through an ES referral or through the private hospital, individual, family member, or other stakeholder referring the individual to REACH. DBHDS also has data available on the number of total Temporary Detention Orders (TDOs) issued each quarter for persons with and without a DD diagnosis. With that noted, individuals can be voluntarily hospitalized in private hospitals that DBHDS and REACH may not become aware of; thus, the data that follows should not be interpreted as including the entire representation of all persons hospitalized in private hospitals. The first set of data on the following page display the percentage of persons with DD that REACH is aware of that are hospitalized in private hospitals compared to private hospitalization TDOs for individuals with DD and without DD (all private hospitalization TDOs). The second chart displays the number of individuals with DD, as known to the REACH program, that were admitted in the fiscal year to a private hospital. Note: Fiscal year 2021 was the first complete fiscal year that data was available, and data for subsequent fiscal years will continue to be added over time.



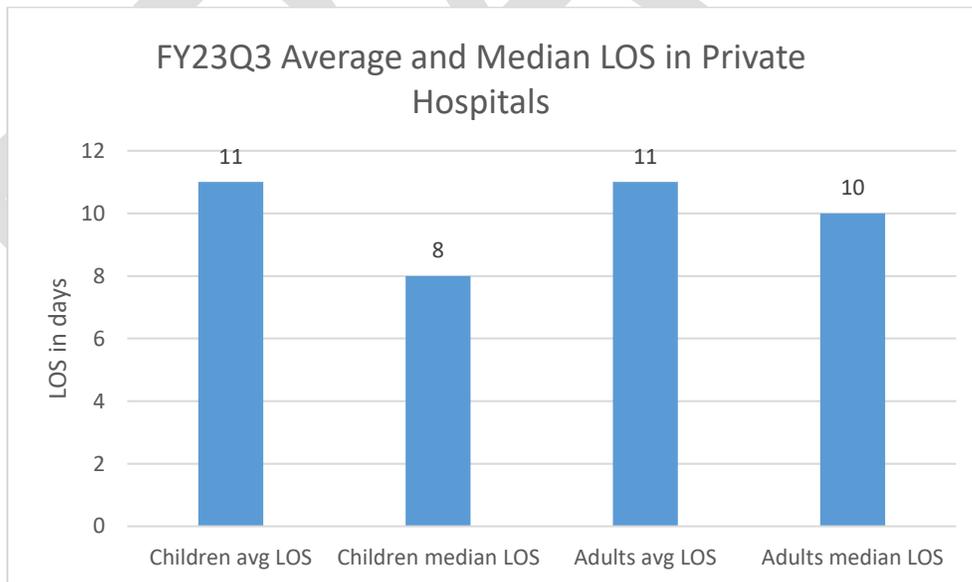
*FY23 below: Includes only quarters 1 - 3 data.



Over the past several fiscal years, the Commonwealth has been tracking information on the average and median lengths of stay for persons admitted to state psychiatric hospitals. The average length of stay and median lengths of stay for both adults and children admitted and discharged in the full fiscal years of FY17-FY22 and the first two quarters of FY23 are displayed below.

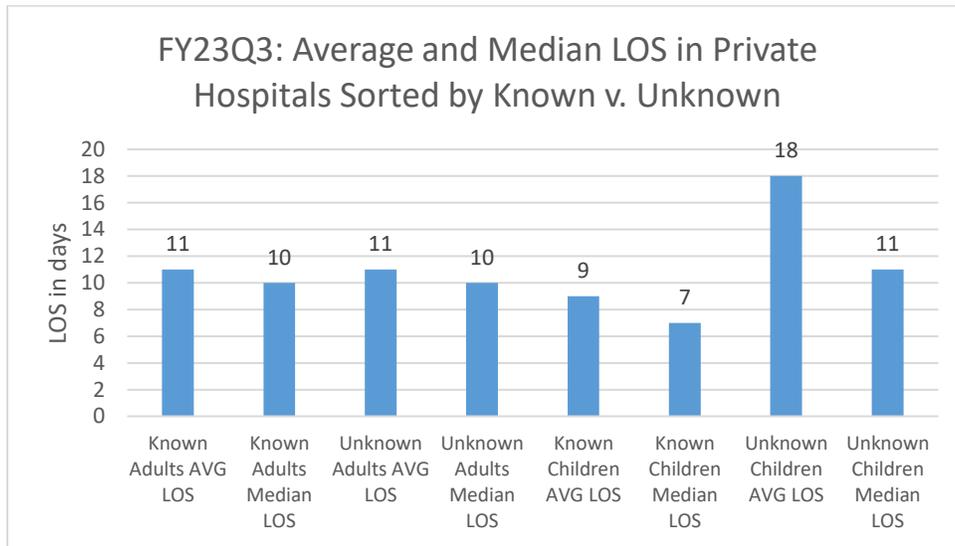


REACH is tracking lengths of stay for persons in a private psychiatric hospital as the REACH programs are made aware of such persons. The median length of stay for children was 8 days for both this quarter and the last two quarters. For adults the median length of stay was 10 days for FY23Q3 as compared to 7 days in FY23Q2. In comparing the average length of stay in FY23Q3 to FY23Q2, the adult’s average length of increased slightly from 10 to 11 days and the children’s length of stay increased from 8 to 11 days. This information for the current quarter under review is provided below.

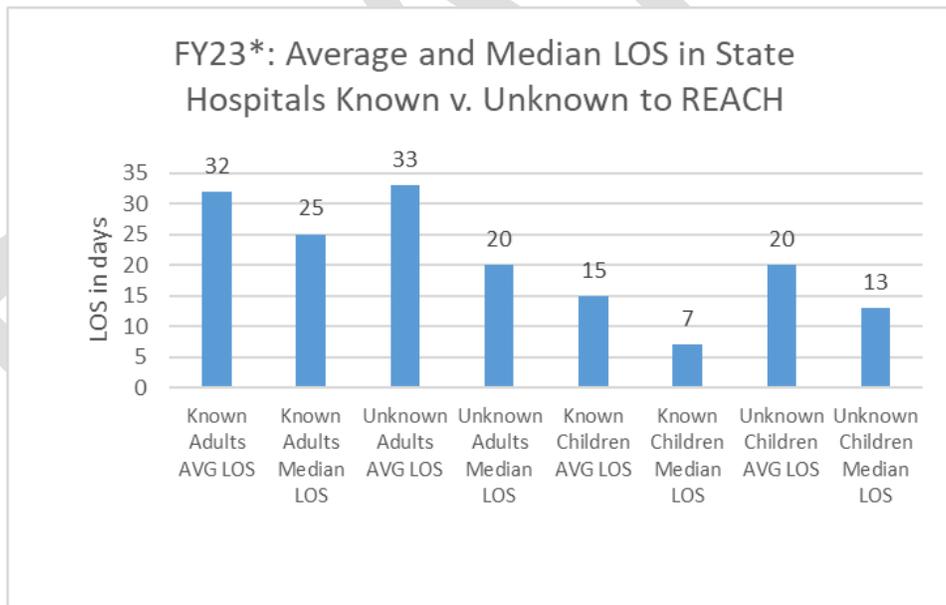


REACH is capturing information for hospitalized persons based upon if they are accepting or refusing REACH services surrounding their hospitalization. If the person (or their decision maker, as applicable) accepts REACH services (“known”), REACH can participate in discharge planning and offer mobile supports in the community, or a step-down stay at a crisis therapeutic home if indicated. An individual (or their decision maker) may elect to decline REACH services (“unknown”) when offered which is

outside of the program’s control. Length of stay data for private hospitalizations for FY23Q3 are displayed below. In the context of the graphs that follow on average and median lengths of stay, accepting is displayed as “known” and refusing services is displayed as “unknown”.



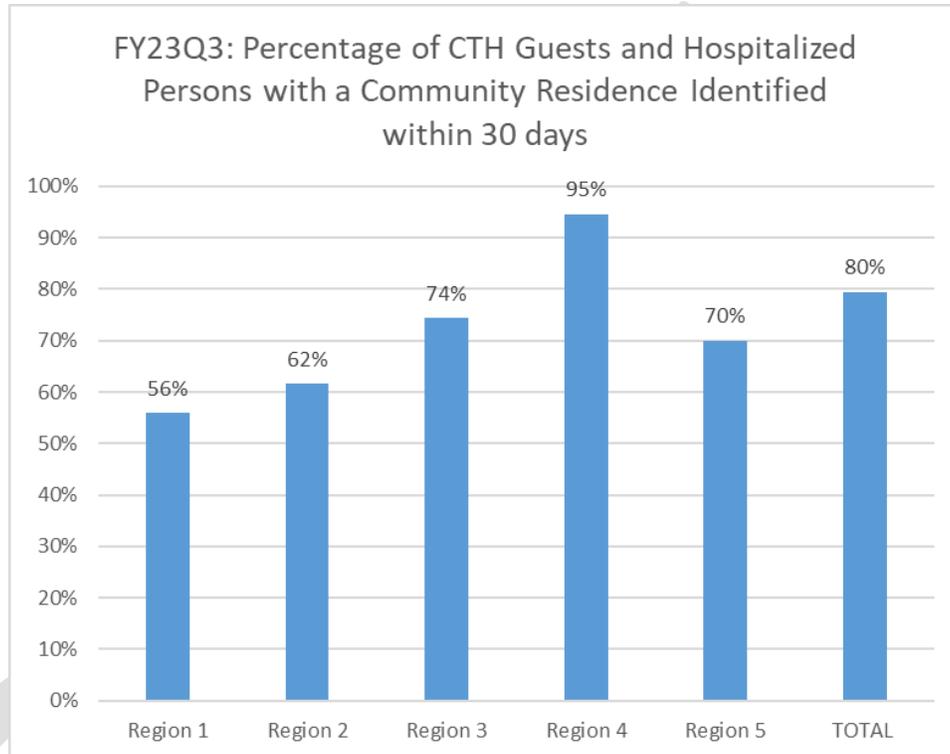
Length of stay data for the first two quarters of FY23* are noted below for known versus unknown to REACH persons in state psychiatric facilities.



Identification and Development of Community based Residences

The REACH programs continue to work towards timely and appropriate discharge for persons that are admitted to REACH Crisis Therapeutic Homes (CTH), as well as are partners in discharge planning for persons that accept REACH services while hospitalized. Some individuals become known to the larger public system of developmental services (and REACH) only after they have been hospitalized, or after a hospitalization has been diverted and the person has been admitted to a REACH CTH. For individuals

that have never been connected to a CSB and/or to REACH, activating basic services and associated funding stream(s) may take a protracted duration; achieving a discharge timeline of 30 days is highly unusual for persons with such a profile. A related compliance indicator is as follows: **86% of individuals with a DD waiver and known to the REACH system who are admitted to CTH facilities and psychiatric hospitals will have a community residence identified within 30 days of admission; filing reference 10.4 (also included in filing reference 11.1).** The data that follow display the percentage of persons admitted with a waiver into a CTH facility, as well as persons admitted into psychiatric hospitals that accepted REACH services, that have a community residence identified within 30 days. The data is calculated within and across all regions.



During this quarter review, F23Q3, 80% of this group had a community residence identified within 30 days in FY23Q3, which is an increase from 75% in FY23Q2.

In FY18, DBHDS issued a Request for Proposal (RFP) to target the further development of residential providers that can support persons with complicated behavioral needs, as well as persons with co-occurring behavioral health disorders. Via this RFP process, multiple vendors were selected to serve this unique population, which includes persons exiting training centers, persons that have contacted the REACH crisis system, persons that are stepping down from psychiatric hospitalizations, persons in out of state placements, and persons that require complex behavioral/behavioral health services to avoid crisis situations and/or admission to restrictive placements (such as a psychiatric hospital). RFP requirements stipulate person centered and trauma informed care practices, as well as incorporation of appropriate administrative oversight (including nursing, as appropriate, and behavior analysis services). Crisis prevention and stabilization services were also baked-in RFP requirements, as is working in concert with REACH. Based on the population served in these residences, some providers are also incorporating training components through a venerable certification process for individuals with dual diagnoses. A

related compliance indicator is as follows: **DBHDS will increase the number of residential providers with the capacity and competencies to support people with co-occurring conditions using a person-centered/trauma-informed/positive behavioral practices approach to 1) prevent crises and hospitalizations, 2) to provide a permanent home to individuals discharged from CTHs and psychiatric hospitals; filing reference 10.3.** As noted in previous reports, seven homes have been brought online through the original FY18 RFP process which upon completion resulted in the opening of 34 new beds in the Commonwealth to serve people with DD who present with challenging behavior/mental health needs. At the time of this report, there are 24 out of 25 beds filled. One provider closed one of their homes on 12/31/2022 and is currently working to admit new residents to fill the available beds in other homes. Beyond these 25 beds across the six homes, there are providers that have worked closely with DBHDS to continue to serve this population, totaling seven additional beds, with each bed full at the time of this report. The homes denoted are operational across all regions of the state. At the time of this report, DBHDS is involved in an additional (new) RFP process that closely parallels the parameters of the original FY18 RFP to develop more homes to support individuals with high behavior needs.

As it relates to resources for individuals that are hospitalized or without disposition at REACH CTHs and need a waiver as a resource for community-based services, the emergency waiver slot process remains in use for Community Services Board and Behavioral Health Authorities. A related compliance indicator is as follows: **DBHDS will utilize waiver capacity set aside for emergencies each year to meet the needs of individuals with long term stays in psychiatric hospitals or CTHs; filing reference 10.2.**

As reported out in the Supplemental Crisis Report from FY23Q2, one person had not yet had services initiated from a waiver slot awarded in FY23Q2. All other individuals from FY23Q1 have services initiated and were identified in the previous report. The current update for the 1 person is available below (Table 1).

Table 1: FY23Q2: update on emergency waiver slot to meet needs of individuals discharging from hospital, CTH, or ATH and type of waiver services accessed

Person receiving waiver slot from REACH, ATH, or hospitalization	Waiver service(s) accessed
Person 3	Group Home 4 or fewer, Group Day Supports

Thus far in FY23, there have been 26 emergency slots awarded, of which 4 (approximately 15%) were provided to people with long term stays in psychiatric hospitals, CTHs, or an Adult Transition Home

The waiver services for individuals that received an emergency slot in FY23Q3 are available in the table below (Table 2).

Table 2: FY23Q3: emergency waiver slot to meet needs of individuals discharging from hospital, CTH, or ATH and type of waiver services accessed

Person receiving waiver slot from REACH, ATH, or hospitalization	Waiver service(s) accessed
Person 1	Services Not Yet Identified

As it relates to avoiding institutionalization for individuals listed as Priority on the waiver waiting list, an associated compliance indicator reads as follows (*filing reference 29.26*):

The Commonwealth ensures that at least 95% of applicants assigned to Priority 1 of the waiting list are not institutionalized while waiting for services unless the recipient chooses otherwise or enters into a nursing facility for medical rehabilitation or for a stay of 90 days or less. Medical rehabilitation is a non-permanent, prescriber-driven regimen that would afford an individual an opportunity to improve function through the professional supervision and direction of physical, occupational, or speech therapies. Medical rehabilitation is self-limiting and is driven by the progress of the individual in relation to the therapy provided. When no further progress can be documented, individual therapy orders must cease.

During the 2nd quarter of FY23, 7 individuals were admitted to an ICF IID. Of these 7 individuals admitted to an ICF IID, one of them were on the Priority 1 waitlist.

Additionally, during the 2nd quarter of FY23, there were 181 private psychiatric hospitalizations and (REACH aware) and 112 state psychiatric hospital admissions. Of these 293 hospitalizations in the second quarter, 5 individuals were on the Priority 1 waiting list.

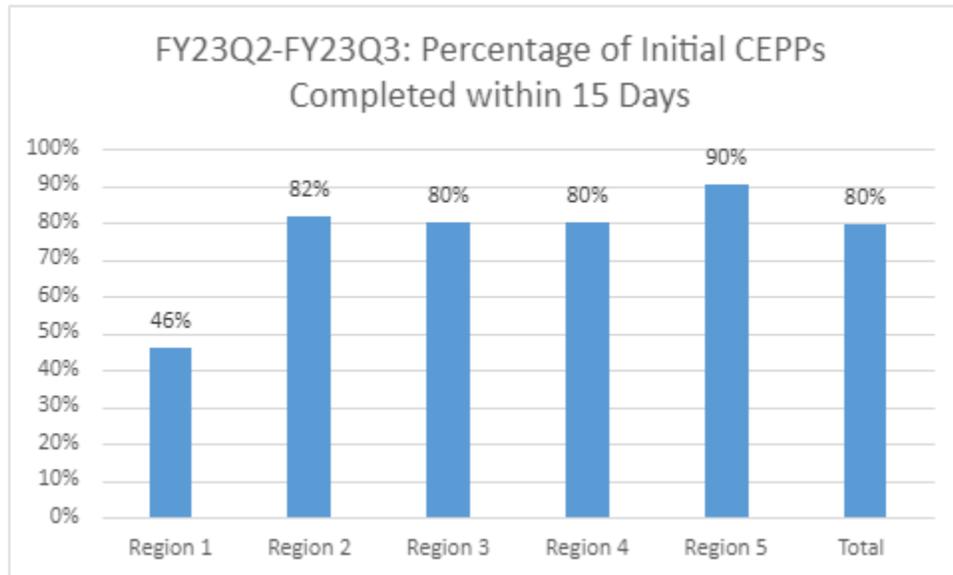
Finally, during the 2nd quarter of FY23, there were 59 adults and 3 children that were screened for admission to a nursing facility. Three adults were on the Priority 1 waiting list.

The total number of people institutionalized from the Priority 1 waiting list was 9. The total number of people on the Priority 1 waiting list at the end of the quarter was 3352. Therefore, DBHDS met the expectation, as 99.7% of people on the Priority 1 waiting list were not institutionalized.

Crisis Education and Prevention Plans and REACH Employee Training

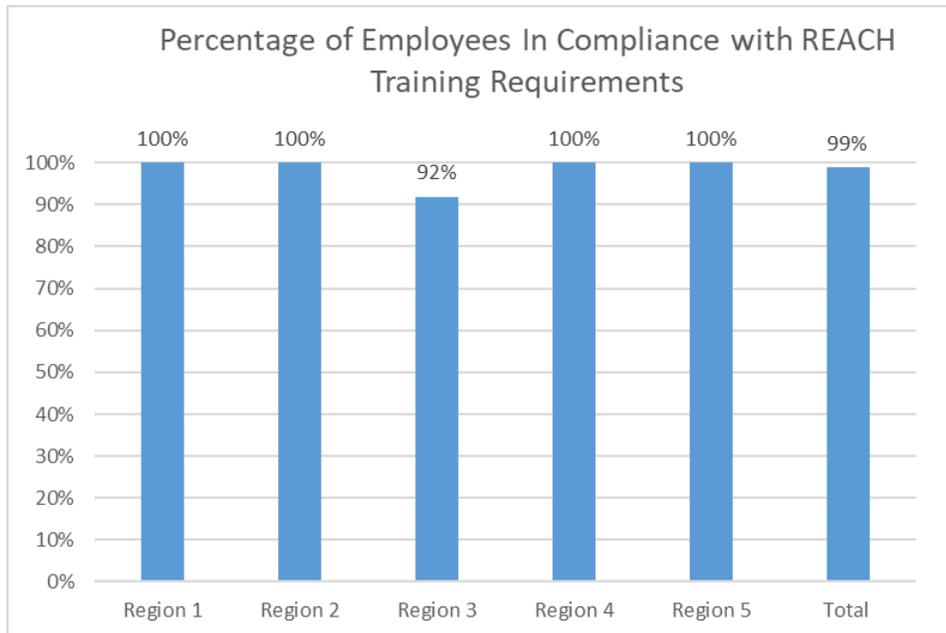
During the course of crisis services, the REACH programs work with the individual and their system of supports to create a Crisis Education and Prevention Plan (CEPP). The CEPP is an individualized, client-specific written document that provides a concise, clear, and realistic set of supportive interventions to prevent or de-escalate a crisis and assist an individual who may be experiencing a behavioral loss of control. The goal of the CEPP is to identify problems that have arisen in the past or are emergent in order to map out strategies that offer tools for the circle of support to assist the individual in addressing and deescalating problems in a healthy way and provide teaching skills that the individual can apply independently. REACH Program Guidelines outline the expectation that an initial CEPP is developed within 15 days of an individual's first full enrollment into the REACH program. The initial CEPP is a working document that provides individualized guidelines for support while additional information is gathered and further interventions and linkages are explored. It should be noted that not every person that accesses REACH services through a call to the REACH hotline, or via mobile crisis supports, will elect to enroll into the program or participate in CEPP development. Additionally, some persons that receive REACH crisis services in the quarter may have had a CEPP created in a previous quarter. A specific compliance indicator related to mobile crisis services has been set which indicates that **86% of initial CEPPs are developed within 15 days of the assessment; filing reference 8.4**. The data displayed on the next page offer information on the percentage of CEPPs that were completed within 15 days of full enrollment into the program for individuals enrolled in the quarters under review. These data should not be confused with information that is displayed in table format in the Adult and Child REACH Data Summary Reports that outlines CEPPs completed for mobile supports as those data do not speak to a specific timeline for completion of a CEPP. Cumulatively, the REACH program did not meet the 86%

percent requirement during these quarters, with 80% of initial CEPPs overall completed within the 15 days of mobile crisis enrollments across FY23Q2 and FY23Q3, with data displayed on the bar graph below.



REACH Employee Training

All REACH employees that provide any sort of direct or indirect clinical care to persons accessing REACH services are required to complete initial and ongoing employee training requirements. Initial employee training consists of, but is not limited to, completion of required DBHDS competencies, modules and associated competency-based assessments on developmental disabilities and related topics, and shadowing/direct observation via seasoned REACH staff. The initial employee training sequence must be completed within 180 days of hire. After the new employee training process, all REACH staff are also required to complete a minimum of 12 hours of continuing education on topics that are pertinent to their ongoing professional development (e.g., developmental disabilities, person centered thinking, behavioral health disorders, positive behavior support, etc.). The graph on the following page displays the percentage of REACH staff region by region, as well as the total, that are in compliance with either new or ongoing training requirements. A specific target indicator has been established that **86% of REACH staff will meet training requirements, filing reference 8.3**. These data are a representation of employee training compliance from 9/1/22 – 3/1/23 and include both new and veteran REACH employees; data indicate that 99% of REACH employees are meeting training requirements.



Assessing Risk for Crisis/Hospitalization

To foster proactive and preventative referrals to the REACH program, DBHDS initiated the Crisis Risk Assessment Tool (CAT) in FY21Q1. This tool and associated training are currently being utilized throughout CSBs/BHA in the Commonwealth.

The following compliance indicator speaks directly to training for CSB personnel on identifying risk for going into crisis for adults and youth:

DBHDS will ensure that all CSB Executive Directors, Developmental Disability Directors, case management supervisors, and case managers receive training on how to identify children and adults receiving active case management who are at risk for going into crisis. Training will also be made available to intake workers at CSBs on how to identify children and adults presenting for intake who are at risk for going into crisis and how to arrange for crisis risk assessments to occur in the home or link them to REACH crisis services; filing reference 7.5.

A web-based training on the Crisis Risk Assessment Tool was made available to all target CSB staff through the Commonwealth of Virginia’s Learning Center (COVLC) on July 1, 2020. As of March 31, 2023, a total of 4,434 CSB/BHA staff have completed this training, with training occurring in all CSBs/BHA across the Commonwealth. This is an increase of 139 CSB/BHA personnel trained since the previous report.

Additionally, a related compliance indicator speaks to the requirement of timeliness of training for intake workers and case managers: **DBHDS will add a provision to the CSB Performance Contract requiring training on identifying risk of crisis for case managers and intake workers within 6 months of hire; filing reference 7.6.**

DBHDS completed a review of CSB staff that work with individuals with developmental disabilities to determine if targeted staff (e.g. intake workers, case managers) had completed this training within the required timeframe. DBHDS requested and received employee information, including hire and separation dates (if applicable) for such employees from all 40 CSBs for any staff member that was employed on or after July 1, 2020. These employee data were compared to COVLC training data to determine the percentage of staff that had completed the training either within 182 days of their hire (for staff hired on

or after 7/1/2020), or within 182 days of the training becoming required (for staff hired prior to 7/1/2020). DBHDS established “182 days” for comparison purposes as this reflects approximately 6 months (or half) of the year in days, as “6 months” is noted in the indicator. Results of this comparison demonstrate the following:

78% of staff completed the training within 182 days of their hire (for those employed on 7/1/2020 or after) or within 182 days of the training becoming required (for those employed prior to prior to 7/1/2020). This is an increase from FY22Q3 at 75%.

85% of all staff completed the training (regardless of how long it took them to complete the training in comparison to their hire date). This is an increase from FY22Q3 at 76%.

DBHDS believes that compliance indicator 7.6 has been met as a provision was added to the CSB Performance Contract requiring training on the Crisis Risk Assessment Tool as written in this indicator; however, the data displayed above do not reflect that all required staff have received this training (compliance indicator 7.5). To improve training adherence, DBHDS will provide to each CSB the names of any staff that had not completed the required training with a request for expedited training for any staff out of compliance.

Additionally, a related compliance indicator on quality review of identifying persons at risk of crisis and referring to REACH when indicated is as follows: **DBHDS will implement a quality review process conducted initially at six months, and annually thereafter, that measures the performance of CSBs in identifying individuals who are at risk of crisis and in referring to REACH where indicated; filing reference 7.7.** Data for this indicator were reported in the FY23Q2 Supplemental Crisis Report. Per language in agreement above, these data will be reported again in a future iteration of this report on an annual basis.

Availability of Direct Support Professionals

In past reports, the data in this section has corresponded to specific compliance indicators surrounding persons with developmental disabilities in the Commonwealth that are in the Support Level 7 category (filing references 7.21, 7.22, and 7.23). In past reports, the data in this section has corresponded to specific compliance indicators surrounding persons with developmental disabilities in the Commonwealth that are in the Support Level 7 category (filing references 7.21, 7.22, and 7.23). The data previously reported will continue to be provided as per the agreed upon report out schedule which would be in the next Supplemental Crisis Report and on a semi-annual basis thereafter.

This review period and data cover quarters 1 and 2 of FY23 (7/1/22 through 12/31/2022). Quarters 3 and 4 of FY23 (1/1/23-6/31/23) will be made available in October and included in corresponding summary reports.

The table which follows (table 3), speaks to the following compliance indicator: *DBHDS will implement a quality review process for children and adults with identified significant behavior support needs (Support Level 7) living at home with family that tracks the need for in-home and personal care services in their homes. DBHDS will track the following in its waiver management system (WaMS): a. The number of children and adults in Support Level 7 identified through their ISPs in need of in-home or personal care services, b. The number of children and adults in Support Level 7 receiving the in-home or personal care services identified in their ISPs; and c. A comparison of the hours identified as needed in ISPs to the hours authorized; filing reference 7.21*

Table 3: Persons in Support Level 7 in need of in home or personal care services (A), persons in Support Level 7 receiving in home or personal care services identified in their ISP (B), and comparison of hours authorized to hours identified in ISP for persons in Support Level 7 (C)

Metric from compliance indicator 7.21	Associated data	Notes on data
A. The number of children and adults in Support Level 7 identified through their ISPs in need of in home or personal care services.	319	Data includes all individuals currently identified as Support Level 7 recipients in WaMS.
B. The number of children and adults in Support Level 7 receiving the in home or personal care services identified in their ISP.	319	100% of individuals received at least some level of services as identified in their ISP
C. A comparison of the hours identified as needed in ISPs to the hours authorized.	313	98.1% (313) of the persons reviewed had approved authorizations. 1.8% (6) persons reflected a pended authorization during the time period reviewed. The authorizations were further amended and approved.

The table which follows addresses a related compliance indicator: ***Semi-annually, DBHDS will review a statistically significant sample of those children and adults with identified significant behavior support needs (Support Level 7) living at home with family. DBHDS will review the data collected in 7.21a-c and directly contact the families of individuals in the sample to ascertain: a. If the individuals received the services authorized, b. What reasons authorized services were not delivered, and c. If there are any unmet needs that are leading to safety risks, filing reference 7.22***

DBHDS attempted to contact a statistically significant sample of 178 families as a part of this quality review. At the time of this report, 72 families provided a response to the DBHDS reviewer. Of the remaining individuals, the DBHDS reviewer left message(s) or mailbox was full for 78 individuals providing information and requesting a return call without response. Twenty-eight (28) did not have a phone number listed in WaMs or their number had been disconnected/out of service. During the quality review, the DBHDS reviewer focused on learning if the individual had received services, learning the reasons services were not delivered (where applicable), and if there were any unmet needs that were contributing to safety risks as defined in the review expectations.

Table 4: Qualitative data from sample review for filing reference 7.22

Qualitative metric from compliance indicator 7.22	Associated data	Notes on data
A. Did the individual receive the services authorized?	100% of the 72 respondents reported receiving some level of hours	There were 178 attempted contacts by the DBHDS reviewer; 72

	authorized; of the 72 that provided a response.	(40%) families responded, 78 (44%) families were left messages or multiple attempted calls without response, 28 (16%) families either had no contact information, a wrong number in WaMs, or a disconnected number.
B. What were the reasons authorized services were not delivered?	Of the 72 respondents, twenty-seven (27), or approximately 37%, of the families cited staffing barriers with report of the lack of trained professionals and high turnover rate impacting stable supports. Forty five (45) of the 72 respondents, approximately 63% reported satisfaction with services. Respondents reported issues with the rate of pay, lack of available and trained providers and services available in the community as their most reported barriers.	The primary barriers to the receipt of authorized service delivery continues to be lack of trained and qualified staffing and rate of pay. This continues to be the primary reported barrier by families through previous reviews.
C. If there are any unmet needs that are leading to safety risks.	During the period reviewed there were zero (0) reported safety concerns related to service needs.	The DBHDS reviewer noted that where service gaps were reported, no outstanding crisis needs were identified. Of the responding families the gaps in services did not lead to the need of a crisis. This remains consistent across previous reviews.

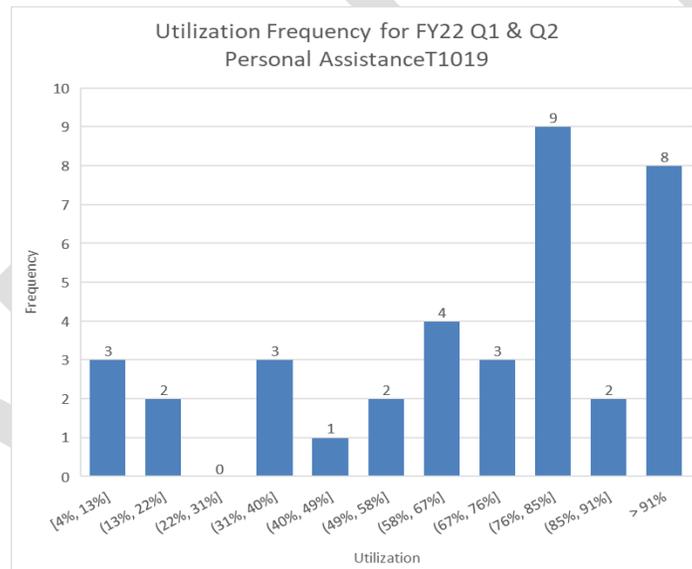
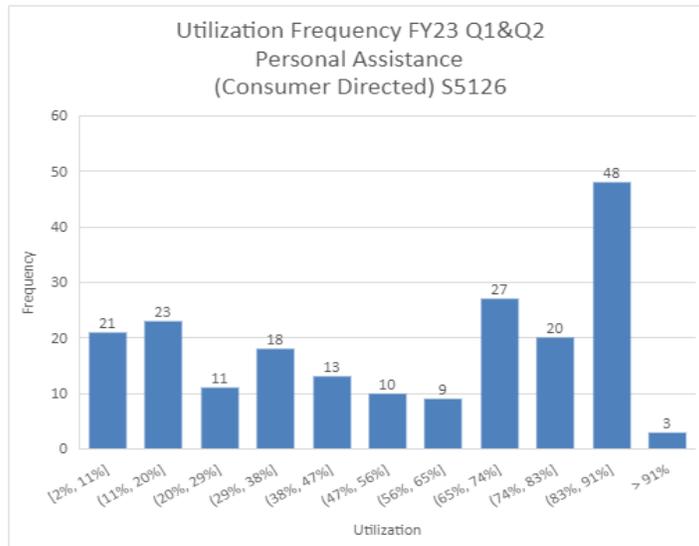
The data in this section represents the review of indicators surrounding in-home or personal care services for persons with an identified Support Level 7. A related compliance indicator which focuses on continuous quality improvement is as follows: ***Based on results of this review, DBHDS will make determinations to enhance and improve service delivery to children and adults with identified significant behavior support needs (Support Level 7) in need of in-home and personal care services; filing reference 7.23.***

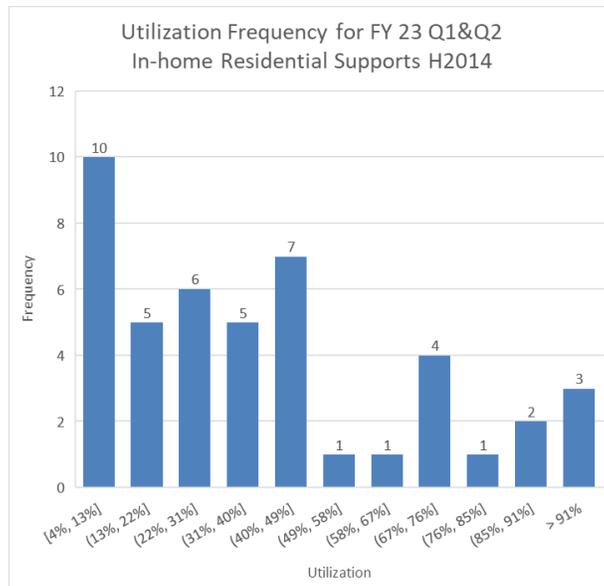
The DBHDS reviewer reviewed authorizations in (WaMS) Virginia Waiver Management System for individuals in this support level with authorization requests for these services. For the larger cohort (319 individuals), 98.1% (313) of the persons reviewed had approved authorizations. 1.8% (6) persons reflected a pended authorization during the time period reviewed. The authorizations were further amended and approved. For the families reviewed in compliance indicator 7.22, families reporting did not identify authorizations as a barrier. This is consistent with the report from the previous review. The data in Table 4 reflects information gathered from families during interview with a DBHDS reviewer and demonstrates that all families interviewed reported challenges related to hiring and retaining skill staff due to rate of pay during this review period FY23 Q1Q2 (6/1/22-12/31/22). During this review 100% of the (319) plans were reviewed for ISP and attached schedule of supports. The schedule of supports reflect hours authorized with hours scheduled as a visual support for the individual and the system of service. This was either found in the schedule of supports included in WaMs or as an attachment. The reviewer found that of the (319) records reviewed (6) 1.8 % of ISPs were missing the schedule of supports, which is consistent with the number of missing schedules in the previous report cycle. The DBHDS internal quality review process is for the information to be reviewed based on number of incidences to determine the need for a larger systemic review or individual technical support per case.

The primary barriers to filling approved/authorized services hours as reported by families continues to be staffing shortages including recruitment and retention. Families reported this review period that the inability to recruit and retain skilled staff because of the lack of qualified applicants and the lack of competitive wages results in prospective staff locating other jobs. The information was reported consistently across all five reporting regions in the state. Of the 72 families who provided feedback, 34 (47%) of respondents were families of children, whereas 38 (53%) were families of adults receiving services.

The DBHDS reviewer completed a 100% ISP review of the 319 (B. The number of children and adults in Support Level 7 receiving in home or personal care services identified in their ISP). During this review (June 1, 2022 – January 30, 2022) the DBHDS reviewer did not receive feedback from any of the 72 family interviews that gaps in services for Personal Assistance, Respite, or In Home Supports resulted in a crisis service need that was unmet. It is of note that again this review cycle the family respondents reported that the ability to utilize Appendix K is often the only way they were able to meet their family member's needs due to the lack of providers. (Appendix K is a standalone appendix that may be utilized by states during **an emergency situation to request amendment to approved 1915 (c) waivers**. It includes actions that states can take under the existing Section 1915 (c) home and community-based waiver authority in order to respond to an emergency).

For this quarter, a review of the utilization data for In-home Support Services, Personal Assistance, Personal Assistance (CD) from Department of Medical Assistance Services for FY 23 Q1 and Q2 for individuals in the sample was completed with the data and analyses listed on the next page.





In FY23 Q1/Q2, there were 207 individuals who billed Consumer Directed Personal Assistance (S5126). Four individuals did not have units authorized listed in the data and were not included in the utilization analysis. The utilization for Personal Assistance (CD) services were on average 53% with 203 individuals in the sample ranging from 1% to 95.7% utilization. The median is slightly higher than the mean at 61.5%. This indicates that half of the individuals had a utilization higher than 61.5%.

Utilization for Personal Assistance services were on average 65.4% with 37 individuals in the sample ranging from 3% to 96.8% utilization. One individual did not have unit authorized and was not included in the analysis. The median is higher than the mean at 76.1%. This indicates that half of the individuals had a utilization higher than 76.1%.

For In-Home Residential Supports were on average 39% ranging from 4% to 97% with 45 individuals. The median is slightly lower than the mean at 33.7%. This indicates that half of the individuals had a utilization higher than 33.7%

Summary

This is the thirteenth supplemental quarterly report on specific indicators agreed upon between the Commonwealth and the US Department of Justice surrounding crisis services for persons with developmental disabilities in the Commonwealth. Data will continue to be utilized to guide decision making to meet the overarching goal of Virginians with a developmental disability that contact the crisis system receiving timely and effective services in the least restrictive setting possible.

ADDENDUM

As a part of the joint filing of agreed upon curative actions in October 2021, DBHDS began providing requested data quarterly related to customized rate applications quarterly in this report. The specific curative action that relates to compliance indicator filing reference 7.18 reads as follows: *Report*

customized rate applications, approvals, and denials quarterly. The tables below provide data on applications, approvals, and denials for customized rates from October 1, 2022, through December 31, 2022.

Table 6: Customized rate approvals and denials, FY23Q2

Application Status	Approved	Denied	Total
Processed/Decision Rendered	31	8	39

The table above outlines the total number of applications during this time period to include approved and denied. Note that approximately 79% of applications were approved.

Table 7: Approvals and denials by SIS level, FY23Q2

SIS	Approved	Denied	Total
Level 1	0	0	0
Level 2	2	0	2
Level 3	4	3	7
Level 4	9	2	11
Level 5	1	0	1
Level 6	1	1	2
Level 7	14	2	16
TOTAL	31	8	39

The table above further breaks down the approvals and denials by SIS (Supports Intensity Scale) level.

Table 8: Approvals and denials by service requested, FY23Q2

Service	Approved	Denied	Total
Group Day	6	0	6
Group Home	23	8	31
In home Supports	1	0	1
Sponsored	1	0	1
Supported Living	0	0	0
Community Coaching	0	0	0
TOTAL	31	8	39

The table above gives information on the service type being requested for a customized rate based upon approvals and denials.

Table 9: Reasons for denials, FY23Q2

Denial Status	Total
Exceptional support need not demonstrated	2
1:1 or 2:1 staffing need not demonstrated	1
Need for higher qualified staffing not demonstrated	0
Need for increased programmatic oversight not demonstrated	0

The requested service needs can be met within the individual's current level and tier or through the use of other services available to the individual within the Medicaid program	5
Proper supporting documentation was not submitted or an incomplete application was received	0
TOTAL	8

The table above provides detailed information regarding the reason that the customized rate review committee denied an application.

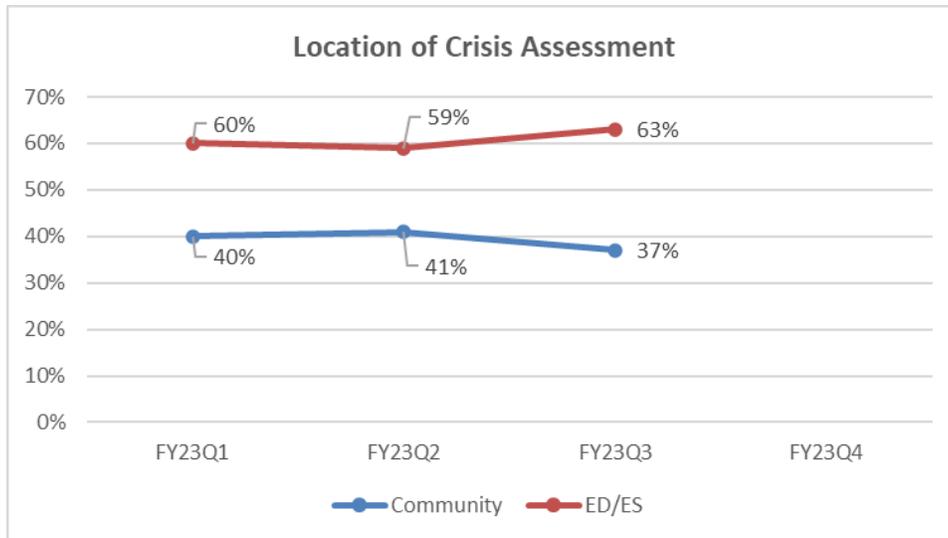
Table 10: Approvals & denials for residential services based on bed capacity

Bed Capacity	Approved	Denied	Total
4 or less	24	7	31
5 Bed	1	1	2
6 Bed	0	0	0
7 Bed	0	0	0
8 Bed	0	0	0
N/A (Day Service)	6	0	6
TOTAL	31	8	39

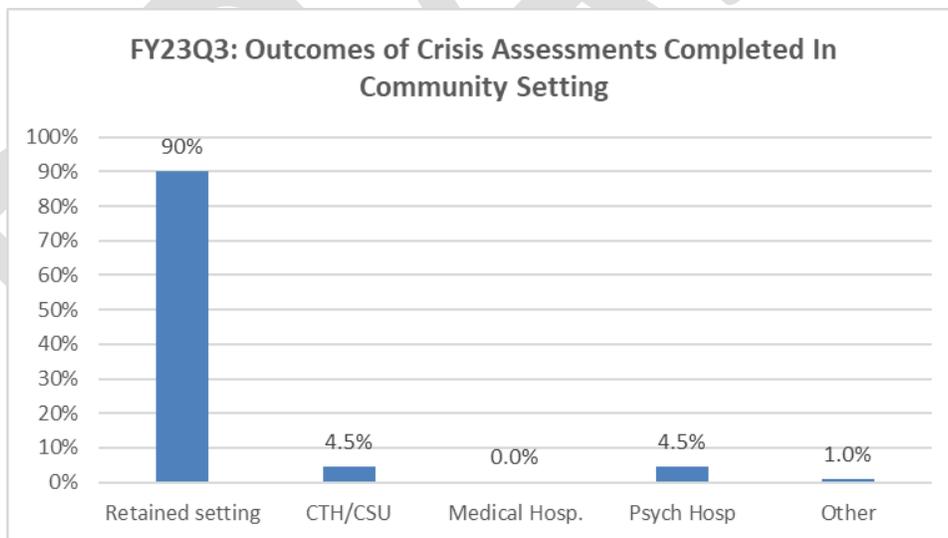
The final table above provides information on the bed capacity of the provider that requested the customized rate.

Crisis Assessment Locations and Outcomes:

The following data were requested as a part of the 20th Study period review and provide information inclusive of all individuals that REACH provided crisis assessment in the quarter (both known to REACH and unknown). The breakdown of this data is focusing on assessment location and resulting outcome. The data is grouped by crisis assessments completed in a community setting (Community) that is exclusive of those occurring in the local hospital emergency department/CSB Emergency Services Department versus a second grouping of crisis assessments that are completed in the hospital emergency departments or CSB emergency services (ED/ES). FY23Q1 was the first quarter that this specific analysis of data is being reported (in addition to crisis assessment data reported earlier in this report and what is listed in the quarterly Adult and Children's REACH Data Summary Reports). The chart on the next page indicates that for FY23Q3 63% of the assessments occurred within an ED/ES setting.

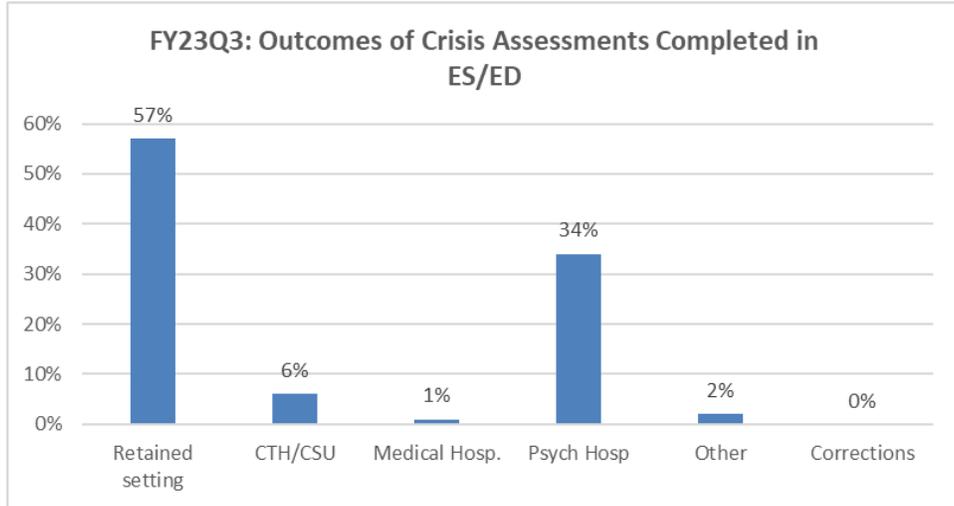


Out of the 37% of the crisis assessments completed in a community setting, 90% of the individuals were able to remain in their home setting, 4.5% were admitted to a CTH/CSU and another 4.5% were psychiatrically hospitalized (primarily in private hospitals). Two of the individuals had “other” outcomes. The outcome as to the percentage of psychiatric hospitalizations was unchanged as compared to Q1. This data is visually represented in the chart below.



Out of the 63% of the crisis assessments completed in an ED/ES setting, 57% of the individuals were able to remain in their home setting, 6% were admitted to a CTH/CSU, 34% were psychiatrically hospitalized, 2% had “other” outcomes, 1% were hospitalized for medical treatment and one person was admitted to corrections (less than .01%). This data is visually represented in the chart on the next page. The

assessments completed in the ED/ES increased by 12% as compared to Q2 resulting in the outcome of psychiatric hospitalizations increasing by 1% as compared to Q2.



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